

Please tick only one choice unless specified

Q1	Gender	<input type="checkbox"/> Male (1)	<input type="checkbox"/> Female (2)
Q2	What is your date of birth?	<input type="text"/> / <input type="text"/>	(mm/yyyy)
Q3	What is your current marital status?	<input type="checkbox"/> Never married (1)	<input type="checkbox"/> Married (2)
		<input type="checkbox"/> Divorced (3)	<input type="checkbox"/> Separated (4)
		<input type="checkbox"/> Widowed (your spouse has passed away) (5)	
Q4	What is your nationality?	<input type="checkbox"/> Singapore citizen (1)	<input type="checkbox"/> Singapore PR (2)
		<input type="checkbox"/> Foreigner (3), please specify and	Country of origin <input type="text"/>
			Length of stay in SG (in years) <input type="text"/>
Q5	What is your religion?	<input type="checkbox"/> No religion (0)	<input type="checkbox"/> Buddhism (1)
		<input type="checkbox"/> Christianity (2)	<input type="checkbox"/> Catholic (3)
		<input type="checkbox"/> Islam (4)	<input type="checkbox"/> Taoism (5)
		<input type="checkbox"/> Others (6) please specify	<input type="text"/>
Q6	What is your ethnic group?	<input type="checkbox"/> Chinese (1)	<input type="checkbox"/> Malay (2)
		<input type="checkbox"/> Indian (3)	<input type="checkbox"/> Others (4) please specify
		<input type="text"/>	
Q7	What is your highest educational level?	<input type="checkbox"/> Primary (PSLE or less) (1)	<input type="checkbox"/> Secondary ('O' or 'N' Level) (2)
		<input type="checkbox"/> ITE certificate (3)	<input type="checkbox"/> Diploma / 'A' Level (4)
		<input type="checkbox"/> Degree and above (5)	
Q8	What is your last occupation?	<input type="text"/>	
Q9	What was your last drawn monthly income (in Singapore dollars)?	<input type="checkbox"/> Less than \$1000 (0)	<input type="checkbox"/> \$1000 - \$1999 (1)
		<input type="checkbox"/> \$2000 - \$2999 (2)	<input type="checkbox"/> \$3000 - \$3999 (3)
		<input type="checkbox"/> \$4000 - \$4999 (4)	<input type="checkbox"/> \$5000 - \$5999 (5)
		<input type="checkbox"/> \$6000 and above (6)	
Q10	Are you currently employed?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q11	Which languages can you speak? (tick all that apply)	<input type="checkbox"/> English (1)	<input type="checkbox"/> Mandarin (2)
		<input type="checkbox"/> Malay (3)	<input type="checkbox"/> Tamil (4)
		<input type="checkbox"/> Local dialects (Teochew, Hokkien, Hakka, Cantonese, etc) (5)	
		<input type="checkbox"/> Others (6), please specify	<input type="text"/>
Q12	Which languages can you read? (tick all that apply)	<input type="checkbox"/> None (0)	<input type="checkbox"/> English (1)
		<input type="checkbox"/> Chinese (2)	<input type="checkbox"/> Malay (3)
		<input type="checkbox"/> Tamil (4)	
		<input type="checkbox"/> Others (5), please specify	<input type="text"/>
Q13	Do you think HIV/AIDS is a serious disease?	<input type="checkbox"/> Very serious (1)	<input type="checkbox"/> Serious (2)
		<input type="checkbox"/> Somewhat serious (3)	<input type="checkbox"/> Not serious at all (4)

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- Q14 Have you had a HIV/AIDS test done before? No (0) Yes (1)
 Not sure / cannot remember (99)

If "Yes" answer Q14a to Q14c, if "No" answer Q14d, if "Not sure" skip to Q15.

If YES

Q14a When / (mm/yy) and where (the location) did you last do the test

- Q14b What were your reason(s) for doing the HIV test? (tick all that apply)
- I wanted to, because it was possible that I had been infected with HIV/AIDS (1)
 - My partner asked me to test (2)
 - I'm required to have the test (employment, army etc) (3)
 - Others (4), please specify

Q14c Did you find out the result of your test? No (0), if no why not? Yes (1)

If NO

- Q14d If you did not have a HIV/AIDS test before, why did you not get tested? (tick all that apply)
- I thought that I had a low chance of getting HIV/AIDS (1)
 - Too expensive (2)
 - Takes too much time / inconvenient (3)
 - I am afraid of knowing that I may have HIV/AIDS (4)
 - There is no cure so it doesn't matter (5)
 - I don't know where to get tested (6)
 - I'm afraid that my results may be made known to other people (7)
 - Others (8) please specify

- Q15 What do you think are the benefits of HIV/AIDS testing? (tick all that apply)
- I won't have to worry, if my results were negative (1)
 - Get early treatment, if HIV positive (2)
 - Protecting my regular partners (Wife, husband, or long-term partner) (3)
 - Protecting my other sexual partners (not regular partner) (4)
 - Others (5) specify

Q16 What do you think is your chance of getting HIV/AIDS? High chance (1) Some chance (2)
 Very low chance (3) No chance (4)

Q17 Who have you had sex with? Women only (1) Men only (2)
 Usually women (3) Usually men (4)

- Q18 Who were your partners in the past year? (tick all that apply)
- Regular partners (Wife, husband, or long-term partner) (1)
How many?
 - Commercial sex workers (Sex in exchange for money) (2)
How many?
 - Non-regular (Not regular, and did not pay for sex e.g. one night stand) (3)
How many?

Please tick only one choice unless specified

Q19 How often do you use a condom when having sex (vaginal, oral, and anal included) in the last 6 months?

Always (1) Usually (more than half the time) (2)

Sometimes (less than half the time) (3) Never (4)

Q20 Have you ever had a STD (sexually transmitted disease) such as syphilis, herpes, gonorrhoea, etc?

No (0) Yes (1)

Don't know, not sure (99)

Q21 Have you heard of a HIV rapid test (test that gives results in less than one hour) before this session?

No (0) Yes (1)

Q22 Would you want to know your HIV test results in less than 1 hour if possible?

No (0) Yes (1)

Q23 If you can buy this rapid test from the supermarket or shops, would you get it and do the test on your own?

No (0) Yes (1)

If YES to Q23

Q23a Why? (tick all that apply)

I won't have to worry, if my results were negative (1)

Get early treatment, if HIV positive (2)

Protect my regular partners (Wife, husband, or long-term partner) (3)

Protect my other sexual partners (not regular partner) (4)

It can be done privately and no one else will know the results (5)

Such tests are as accurate as a confirmatory test (6)

Others (7), please specify

If NO to Q23

Q23b Why not? (tick all that apply)

I already know my results (1)

I am afraid to know my results (2)

There is no cure for HIV/AIDS, so it makes no difference (3)

I am not sure if the test is accurate (4)

Others (5), please specify

Q24 As you know, the rapid test is only a preliminary test (with 99% accuracy). To be 100% sure of your result, a confirmatory test (which gives results in 2 weeks) is needed. If you have done a rapid test on your own, would you still go to a clinic for a confirmatory test?

No (0) Yes (1)

Q25 Do you think confidential counselling by trained healthcare worker is necessary before a HIV/AIDS test?

No (0) Yes (1)

If Yes to Q25

Q25a Why? (tick all that apply)

Allows me to decide if I still want to be tested (1)

Explain the seriousness of doing the test and knowing the results (2)

Explain why the test is necessary (3)

Healthcare workers are knowledgeable (4)

Others (5), please specify

Please tick only one choice unless specified

If NO to Q25

Q25b

Why not?
(tick all that apply)

- I can handle the results by myself (1)
 Takes too much time (2)
 Post-test counselling is enough (3)
 My personal information may be leaked to others (4)
 Others (5), please specify

Q26

What is the best method for
this counselling?

- Direct face to face counselling (1)
 Over the phone anonymous counselling (2)
 Written instructions (3)
 Others (4), please specify

Q27

Are you okay with selected
healthcare workers seeing
your HIV/AIDS results?

- No (0) Yes (1)

Q28

Are you okay to have your
name and other particulars
recorded during a HIV/AIDS
test?

- No (0) Yes (1)

Q29

Do you prefer to take the
HIV/AIDS test in private?

- No (0) Yes (1)

Q30

Do you prefer to have a
blood or oral (saliva) test for
HIV/AIDS, if both are equally
accurate?

- Blood (1) Oral (saliva) (2)
 No preference (3)

Q31

How do you feel now, before
taking the HIV/AIDS test?

- Very anxious (1) A little anxious (2)
 Not anxious at all (3)

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Q32	How do you feel now, after taking the HIV/AIDS test?	<input type="checkbox"/> Very anxious (1) <input type="checkbox"/> Not anxious at all (3)	<input type="checkbox"/> A little anxious (2) <input type="checkbox"/> Very difficult (4)
Q33	Did you find the instructions in the test kit easy to understand?	<input type="checkbox"/> Very easy (1) <input type="checkbox"/> A little difficult (3)	<input type="checkbox"/> Easy (2) <input type="checkbox"/> Very difficult (4)
Q34	Did you find the test kit convenient to use?	<input type="checkbox"/> Very convenient (1) <input type="checkbox"/> A little inconvenient (3)	<input type="checkbox"/> Convenient (2) <input type="checkbox"/> Very inconvenient (4)
Q35	Which steps of the test did you find most difficult?	<input type="checkbox"/> Step 1 - Preparing the kit (1) <input type="checkbox"/> Step 3 - Doing the test (3)	<input type="checkbox"/> Step 2 - Taking the sample (2) <input type="checkbox"/> Step 4 - Reading the results (4)
Q36	Are you confident that you have done the HIV rapid test correctly?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q37	Do you trust the result of the HIV rapid test performed by yourself?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q38	Do you trust the result of the HIV rapid test performed by the healthcare worker?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q39	Do you think the HIV rapid test is as accurate as the confirmatory blood test?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q40	Will knowing your result in less than 1 hour be helpful to you?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q41	Do you think it is necessary to have a trained counsellor present to support or counsel you of your preliminary results?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
If YES to Q41			
Q41a	Why? (tick all that apply)	<input type="checkbox"/> Explain what the result of the test means (1) <input type="checkbox"/> Explain why I need a confirmatory test (2) <input type="checkbox"/> Answer my questions (3) <input type="checkbox"/> If positive, I need someone to provide support (4) <input type="checkbox"/> Healthcare workers are knowledgeable (5) <input type="checkbox"/> Others (6), please specify <input type="text"/>	
If NO to Q41			
Q41a	Why not? (tick all that apply)	<input type="checkbox"/> I can handle the results by myself (1) <input type="checkbox"/> Takes too much time (2) <input type="checkbox"/> Pre-test counselling is enough (3) <input type="checkbox"/> My personal information may be leaked to others (4) <input type="checkbox"/> Others (5), please specify <input type="text"/>	
Q42	This test kit needs instructions in the four official languages (English, Malay, Mandarin, and Tamil)?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q43	Do you think this kit should be sold conveniently in public outlets?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q44	Would you recommend this kit to other people?	<input type="checkbox"/> No (0)	<input type="checkbox"/> Yes (1)
Q45	What is the maximum amount you are willing to pay for a rapid test kit (in Singapore dollars) (Usual HIV test costs about \$20)?	<input type="checkbox"/> Less than \$10 (1) <input type="checkbox"/> \$21 - \$30 (3) <input type="checkbox"/> \$41 - \$50 (5)	<input type="checkbox"/> \$11 - \$20 (2) <input type="checkbox"/> \$31 - \$40 (4) <input type="checkbox"/> More than \$50 (6)
Q46	(Please write your comments and suggestions on the rapid test kit): <input type="text"/>		

Thank you for your participation

HIV Rapid Test Questionnaire (POST-TEST)

Subject Study ID

FOR STAFF COMPLETION (Please tick only one choice unless specified)

- Q47 The patient is a diagnosed HIV positive case? No (0) Yes (1)
- Q48 The participant performed all the steps in the test correctly? No (0) Yes (1)

If NO to Q48

- Q48a Which steps were wrong?
- Opening of rapid test kit package (1)
 - Removal of solution bottle from package (2)
 - Removal of solution bottle cap (3)
 - Placing of solution bottle on stand (4)
 - Removal of swab stick from package (5)
 - Holding of swab stick (6)
 - Swabbing of upper gums (7)
 - Swabbing of lower gums (8)
 - Dipping of swab stick into solution bottle (9)
 - Leaving swab stick to stand in solution bottle for at least 20 mins (10)
 - Interpretation of results after 20 mins, but within 40 mins (11)

The participant read the following sample results correctly:

- Q49 Positive Yes (1) Read as "Negative" (2)
 Read as "Invalid" (3)
- Q50 Negative Yes (1) Read as "Positive" (2)
 Read as "Invalid" (3)
- Q51 Control absent (Invalid) Yes (1) Read as "Negative" (2)
 Read as "Positive" (3)
- Q52 Lines not within range (Invalid) Yes (1) Read as "Negative" (2)
 Read as "Positive" (3)

Outcome of the rapid test results performed by:

- Q53 Participant Positive (1) Negative (2)
 Invalid (3)
- Q54 Research Assistant Positive (1) Negative (2)
 Invalid (3)
- Q56 Date of confirmatory test result / / (dd/mm/yy)
- Q56a Outcome of the confirmatory test result Positive (1) Negative (2)
 Intermediate (3)

Q57 Remarks (if any)

Q58 Name of Staff administering questionnaire

Q59 Signature of Staff administering questionnaire

Q60 Date of questionnaire administered / / (dd/mm/yy)